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APR 28 2006

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| 20311 7  | 590 02/23/2006  |   |  |   |  |  |
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| NEW YORK, NY 10016   |   |   |  | Donald  | C. Lycas   | (Depositor's name)   |
| 05/02/2006 HDEMESS2 00000  |   |   | Dana   | 1 Churan  | (Signature)  |  |
| 01 FC:1501   | 1400.00 OP  |   |  | 04/20   | VOI:   | (Date)   |
| 02 FC+1504   | 300.00 DP   | <u> </u>  |  | L 07/20   | 700  | (==4)  |
| APPLICATION NO.  | FILING DATE   | FIRST NAMED IN  |  | VENTOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |
| 10/773,470   | 02/05/2004  | Takeshi   |  | •   | KON-1853   | 7008   |
| TITLE OF INVENTION.  | RINTING PLATE MATER   | IAL, PROCESS OF P   | OLDING THE   | SAME, AND PRINTING  | G PROCESS  |  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE   |  | PUBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUE   |
| nonprovisional   | NO  | \$1400  |  | \$300   | \$1700   | 05/23/2006   |
| EXAMINER   |   | ART UNIT  |  | CLASS-SUBCLASS  |  |  |
| CULLEI   | CULLER, JILL E  |   |  | 101-453000  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON  |   |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |   |  |  |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  | an assignee is identified be<br>37 CFR 3.11. Completion of<br>EE                                  | elow, no assignce data<br>of this form is NOT as<br>(B)   | a will appear of<br>substitute for f<br>RESIDENCE  | on the patent. If an assignment.  E: (CITY and STATE OR  O  O  O  O  O  O  O  O  O  O  O  O   | common co |  |
| 4a. The following fee(s) are of the last o | nall entity discount permitted  | 1)<br>10)<br>10)  | Payment by co<br>The Director is   | e amount of the fec(s) is e redit card. Form PTO-203  | 8 is attached. Unit  | der payment in a copy of this form).   |
| 5. Change in Entity Status (   | from status indicated above)  |   |  |   |  | copy of this form).  |
| a. Applicant claims SN   | ALL ENTITY status. See 3  | 7 CFR 1.27.   | b. Applicant is  | s no longer claiming SMA  | LL ENTITY status, See 37 CF  | R 1.27(g)(2).  |
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| Authorized Signature   | Donalded  | uios_   |  | Date  | 04/28/0  | 6  |
| Typed or printed name  | <u> Conala C</u>  | · Luca  | 7  | Registration l  |  |  |
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